

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED MAY 23 1956

15941

BIRTH NO.		REG. DIST. NO. <u>101</u>		PRIMARY REG. DIST. NO. <u>4173</u>		Registrar's No. <u>30</u>	
1. PLACE OF DEATH a. COUNTY <u>Douglas</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Douglas</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Ava</u>				c. LENGTH OF STAY (In this place) c. CITY OR TOWN <u>Ava</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION				e. STREET ADDRESS (If rural, give location) <u>0340</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>John</u>		b. (Middle) <u>Riley</u>		c. (Last) <u>Cox</u>	
4. DATE OF DEATH		(Month) <u>May</u> (Day) <u>7</u> (Year) <u>1956</u>					
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Feb 10 1878</u>	
9. AGE (In years last birthday) <u>78</u>		If UNDER 1 YEAR Months Days		If UNDER 24 HRS. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own farm</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Cross Roads Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Joel Cox</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah Sanders</u>		14. NAME OF HUSBAND OR WIFE <u>Lucy Jane Cox</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Lucy Jane Cox</u> ADDRESS <u>Ava Missouri</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>C.A. Right Cheek.</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>CA. LIVER.</u> DUE TO (c) <u>C.A. LUNGS</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>3 1/2</u> <u>1 yr</u> <u>6 mos</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		<u>191X</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>2-10-</u> , 19 <u>50</u> , to <u>5-7</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>5-7</u> , 19 <u>56</u> , and that death occurred at <u>9:15P</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Inscribed on file) <u>[Signature]</u>		23b. ADDRESS <u>P.O. Box 415 Ava, Mo</u>		23c. DATE SIGNED <u>5-8-56</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>5 10 1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Union Grove</u>		24d. LOCATION (City, town, or county) (State) <u>Cross Roads Missouri</u>	
DATE REC'D BY LOCAL REG. <u>5-17-56</u>		REGISTRAR'S SIGNATURE <u>Vestal Bushman</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Clinkingbeard Funeral Home</u> ADDRESS <u>Ava Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....
Charles R. Fair

Licensed Embalmer No. 464

P. O. Address. Anna, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.